

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937375

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.			
1	/				51		
2	/				52		
3	8				53		
4	8				54		
5	8				55		
6	/				56		
7	/				57		
8	/				58		
9	/				59		
10	2				60		
11	8				61		
12	8				62		
13	8				63		
14	/				64		
15	7				65		
16	2				66		
17	8				67		
18	8				68		
19	/				69		
20	/				70		
21	/				71		
22	/				72		
23	2				73		
24	8				74		
25	7				75		
26	7				76		
27	/				77		
28	/				78		
29	2				79		
30	8				80		
31	8				81		
32	1				82		
33	1				83		
34	/				84		
35	7				85		
36	2				86		
37	8				87		
38	7				88		
39	7				89		
40	8				90		
41	8				91		
42	8				92		
43	8				93		
44	8				94		
45	8				95		
46					96		
47					97		
48					98		
49					99		
50					100		
TOTAL IND.	6		4		TOTAL IND.		
TOTAL DEP.	45	45	34		TOTAL DEP.		
TOTAL CLAIMS	51	51	38		TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS